

Second Regular Session 112th General Assembly (2002)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2001 General Assembly.

## HOUSE ENROLLED ACT No. 1297

AN ACT to amend the Indiana Code concerning professions and occupations.

*Be it enacted by the General Assembly of the State of Indiana:*

SECTION 1. IC 25-1-7-9 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2002]: Sec. 9. A board member ~~shall disqualify himself~~ **is disqualified** from any consideration of the case if ~~he the board member~~ filed the complaint or ~~if he~~ participated in negotiations regarding the complaint. ~~He~~ **The board member** is not disqualified from the board's final determination solely because ~~he the board member~~ was the hearing officer **or determined the complaint and the information pertaining to the complaint was current significant investigative information (as defined by IC 25-23.2-1-5).**

SECTION 2. IC 25-1-7-10 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2002]: Sec. 10. **(a)** All complaints and information pertaining to the complaints shall be held in strict confidence until the attorney general files notice with the board of ~~his the attorney general's~~ intent to prosecute the licensee. ~~Unless required to do so under law or in furtherance of an investigation, no~~

**(b)** A person in the employ of the office of attorney general or any of the boards, ~~nor or~~ any person not a party to the complaint, ~~shall~~ **may not** disclose or further a disclosure of information concerning the complaint **unless the disclosure is required:**

- (1) under law; or**
- (2) for the advancement of an investigation.**
- (c) Notwithstanding subsections (a) and (b), under IC 25-23.2**

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**the state board of nursing may disclose to the coordinated licensure information system (as defined by IC 25-23.2-1-4) complaints and information concerning complaints that the board determines to be current significant investigative information (as defined by IC 25-23.2-1-5).**

SECTION 3. IC 25-23-1-1.1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2002]: Sec. 1.1. (a) As used in this chapter, "registered nurse" means a person who holds a valid license issued:

(1) under this chapter; or

(2) **by a party state (as defined in IC 25-23.2-1-11);** and

who bears primary responsibility and accountability for nursing practices based on specialized knowledge, judgment, and skill derived from the principles of biological, physical, and behavioral sciences.

(b) As used in this chapter, "registered nursing" means performance of services which include but are not limited to:

(1) assessing health conditions;

(2) deriving a nursing diagnosis;

(3) executing a nursing regimen through the selection, performance, and management of nursing actions based on nursing diagnoses;

(4) advocating the provision of health care services through collaboration with or referral to other health professionals;

(5) executing regimens delegated by a physician with an unlimited license to practice medicine or osteopathic medicine, a licensed dentist, a licensed chiropractor, a licensed optometrist, or a licensed podiatrist;

(6) teaching, administering, supervising, delegating, and evaluating nursing practice;

(7) delegating tasks which assist in implementing the nursing, medical, or dental regimen; or

(8) performing acts which are approved by the board or by the board in collaboration with the medical licensing board of Indiana.

(c) As used in this chapter, "assessing health conditions" means the collection of data through means such as interviews, observation, and inspection for the purpose of:

(1) deriving a nursing diagnosis;

(2) identifying the need for additional data collection by nursing personnel; and

(3) identifying the need for additional data collection by other health professionals.

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(d) As used in this chapter, "nursing regimen" means preventive, restorative, maintenance, and promotion activities which include meeting or assisting with self-care needs, counseling, and teaching.

(e) As used in this chapter, "nursing diagnosis" means the identification of needs which are amenable to nursing regimen.

SECTION 4. IC 25-23-1-1.2 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2002]: Sec. 1.2. As used in this chapter, "licensed practical nurse" means a person who holds a valid license issued under this chapter **or by a party state (as defined in IC 25-23.2-1-11)** and who functions at the direction of:

- (1) a registered nurse;
- (2) a physician with an unlimited license to practice medicine or osteopathic medicine;
- (3) a licensed dentist;
- (4) a licensed chiropractor;
- (5) a licensed optometrist; or
- (6) a licensed podiatrist;

in the performance of activities commonly performed by practical nurses and requiring special knowledge or skill.

SECTION 5. IC 25-23-1-7 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2002]: Sec. 7. (a) The board shall do the following:

- (1) Adopt under IC 4-22-2 rules necessary to enable it to carry into effect this chapter.
- (2) Prescribe standards and approve curricula for nursing education programs preparing persons for licensure under this chapter.
- (3) Provide for surveys of such programs at such times as it considers necessary.
- (4) Accredite such programs as meet the requirements of this chapter and of the board.
- (5) Deny or withdraw accreditation from nursing education programs for failure to meet prescribed curricula or other standards.
- (6) Examine, license, and renew the license of qualified applicants.
- (7) Issue subpoenas, compel the attendance of witnesses, and administer oaths to persons giving testimony at hearings.
- (8) Cause the prosecution of all persons violating this chapter and have power to incur necessary expenses for these prosecutions.
- (9) Adopt rules under IC 4-22-2 that do the following:
  - (A) Prescribe standards for the competent practice of



registered, practical, and advanced practice nursing.

(B) Establish with the approval of the medical licensing board created by IC 25-22.5-2-1 requirements that advanced practice nurses must meet to be granted authority to prescribe legend drugs and to retain that authority.

(10) Keep a record of all its proceedings.

(11) Collect and distribute annually demographic information on the number and type of registered nurses and licensed practical nurses employed in Indiana.

~~(12) Notify each registered nurse and licensed practical nurse residing in Indiana when final rules concerning the practice of nursing are published in the Indiana register.~~

**(12) Adopt rules and administer the interstate nurse licensure compact under IC 25-23.2.**

(b) The board may do the following:

(1) Create ad hoc subcommittees representing the various nursing specialties and interests of the profession of nursing. Persons appointed to a subcommittee serve for terms as determined by the board.

(2) Utilize the appropriate subcommittees so as to assist the board with its responsibilities. The assistance provided by the subcommittees may include the following:

(A) Recommendation of rules necessary to carry out the duties of the board.

(B) Recommendations concerning educational programs and requirements.

(C) Recommendations regarding examinations and licensure of applicants.

(3) Appoint nurses to serve on each of the ad hoc subcommittees.

**(4) Withdraw from the interstate compact under IC 25-32.2.**

(c) Nurses appointed under subsection (b) must:

(1) be committed to advancing and safeguarding the nursing profession as a whole; and

(2) represent nurses who practice in the field directly affected by a subcommittee's actions.

SECTION 6. IC 25-23-1-11, AS AMENDED BY P.L.236-1999, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2002]: Sec. 11. (a) Any person who applies to the board for a license to practice as a registered nurse must:

(1) not have:

(A) been convicted of a crime that has a direct bearing on the person's ability to practice competently; or

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- (B) committed an act that would constitute a ground for a disciplinary sanction under IC 25-1-9;
- (2) have completed:
  - (A) the prescribed curriculum and met the graduation requirements of a state accredited program of registered nursing that only accepts students who have a high school diploma or its equivalent as determined by the board; or
  - (B) the prescribed curriculum and graduation requirements of a nursing education program in a foreign country that is substantially equivalent to a board approved program as determined by the board. The board may by rule adopted under IC 4-22-2 require an applicant under this subsection to successfully complete an examination approved by the board to measure the applicant's qualifications and background in the practice of nursing and proficiency in the English language; and
- (3) be physically and mentally capable of and professionally competent to safely engage in the practice of nursing as determined by the board.

The board may not require a person to have a baccalaureate degree in nursing as a prerequisite for licensure.

(b) The applicant must pass an examination in such subjects as the board may determine.

(c) The board may issue by endorsement a license to practice as a registered nurse to an applicant who has been licensed as a registered nurse, by examination, under the laws of another state if the applicant presents proof satisfactory to the board that, at the time that the applicant applies for an Indiana license by endorsement, the applicant holds a current license in another state and possesses credentials and qualifications that are substantially equivalent to requirements in Indiana for licensure by examination. The board may specify by rule what constitutes substantial equivalence under this subsection.

(d) The board may issue by endorsement a license to practice as a registered nurse to an applicant who:

- (1) has completed the English version of the Canadian Nurse Association Testing Service Examination;
- (2) achieved the passing score required on the examination at the time the examination was taken;
- (3) is currently licensed in a Canadian province or in another state; and
- (4) meets the other requirements under this section.

(e) Each applicant for examination and registration to practice as a

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registered nurse shall pay a fee set by the board. The board may set a proctoring fee to be paid by applicants who are graduates of a state accredited school in another state. Payment of the fee or fees shall be made by the applicant prior to the date of examination.

(f) Any person who holds a license to practice as a registered nurse in:

- (1) Indiana; or
- (2) a party state (as defined in IC 25-23.2-1-11);

may use the title "Registered Nurse" and the abbreviation "R.N.". No other person shall practice or advertise as or assume the title of registered nurse or use the abbreviation of "R.N." or any other words, letters, signs, or figures to indicate that the person using same is a registered nurse.

~~(g) Any person holding a license or certificate of registration to practice nursing as a registered nurse issued by the board which is valid on December 1, 1971, shall be considered to be licensed as a registered nurse under this chapter.~~

SECTION 7. IC 25-23-1-12 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2002]: Sec. 12. (a) A person who applies to the board for a license to practice as a licensed practical nurse must:

- (1) not have been convicted of:
  - (A) an act which would constitute a ground for disciplinary sanction under IC 25-1-9; or
  - (B) a crime that has a direct bearing on the person's ability to practice competently;
- (2) have completed:
  - (A) the prescribed curriculum and met the graduation requirements of a state accredited program of practical nursing that only accepts students who have a high school diploma or its equivalent, as determined by the board; or
  - (B) the prescribed curriculum and graduation requirements of a nursing education program in a foreign country that is substantially equivalent to a board approved program as determined by the board. The board may by rule adopted under IC 4-22-2 require an applicant under this subsection to successfully complete an examination approved by the board to measure the applicant's qualifications and background in the practice of nursing and proficiency in the English language; and
- (3) be physically and mentally capable of, and professionally competent to, safely engage in the practice of practical nursing as

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determined by the board.

(b) The applicant must pass an examination in such subjects as the board may determine.

(c) The board may issue by endorsement a license to practice as a licensed practical nurse to an applicant who has been licensed as a licensed practical nurse, by examination, under the laws of another state if the applicant presents proof satisfactory to the board that, at the time of application for an Indiana license by endorsement, the applicant possesses credentials and qualifications that are substantially equivalent to requirements in Indiana for licensure by examination. The board may specify by rule what shall constitute substantial equivalence under this subsection.

(d) Each applicant for examination and registration to practice as a practical nurse shall pay a fee set by the board. The board may set a proctoring fee to be paid by applicants who are graduates of a state accredited school in another state. Payment of the fees shall be made by the applicant before the date of examination.

(e) Any person who holds a license to practice as a licensed practical nurse in:

(1) Indiana; or

(2) a party state (as defined in IC 25-23.2-1-11);

may use the title "Licensed Practical Nurse" and the abbreviation "L.P.N.". No other person shall practice or advertise as or assume the title of licensed practical nurse or use the abbreviation of "L.P.N." or any other words, letters, signs, or figures to indicate that the person using them is a licensed practical nurse.

SECTION 8. IC 25-23-1-16.1 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2002]: Sec. 16.1. (a) A license to practice as a registered nurse expires on October 31 in each odd-numbered year. Failure to renew the license on or before the expiration date will automatically render the license invalid without any action by the board.

(b) A license to practice as a licensed practical nurse expires on October 31 in each even-numbered year. Failure to renew the license on or before the expiration date will automatically render the license invalid without any action by the board.

(c) The procedures and fee for renewal shall be set by the board.

(d) At the time of license renewal, each registered nurse and each licensed practical nurse shall pay ~~an additional a renewal three dollar (\$3) fee,~~ **a portion of which shall be for the rehabilitation of impaired registered nurses and impaired licensed practical nurses.** The lesser of the following amounts from fees collected under this

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subsection shall be deposited in the impaired nurses account of the state general fund established by section 34 of this chapter:

- (1) ~~Three dollars (\$3)~~ **Sixteen percent (16%) of the license renewal fee** per license renewed under this section.
- (2) The cost per license to operate the impaired nurses program, as determined by the health professions bureau.

SECTION 9. IC 25-23-1-27 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2002]: Sec. 27. A person who:

- (1) sells or fraudulently obtains or furnishes any nursing diploma, license or record;
- (2) practices nursing under cover of any diploma or license or record illegally or fraudulently obtained or assigned or issued unlawfully or under fraudulent representation;
- (3) practices nursing as a registered nurse or licensed practical nurse unless ~~duly~~ licensed to do so under this chapter **or under IC 25-23.2;**
- (4) uses in connection with ~~his~~ **the person's** name any designation tending to imply that ~~he~~ **the person** is a registered nurse or a licensed practical nurse unless ~~duly~~ licensed ~~so~~ to practice under this chapter **or under IC 25-23.2;**
- (5) practices nursing during the time ~~his~~ **the person's** license issued under this chapter **or under IC 25-23.2** is suspended or revoked;
- (6) conducts a school of nursing or a program for the training of practical nurses unless the school or program has been accredited by the board; or
- (7) otherwise violates this chapter;

commits a Class B misdemeanor.

SECTION 10. IC 25-23-1-31 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2002]: Sec. 31. (a) As used in this section, "impaired registered nurse or licensed practical nurse" means a registered nurse or licensed practical nurse who has been affected by the use or abuse of alcohol or other drugs.

(b) The board shall assist in the rehabilitation of an impaired registered nurse or licensed practical nurse.

(c) The board may do the following:

- (1) Enter into agreements, provide grants, and make other arrangements with statewide nonprofit professional associations, ~~or~~ **or other entities specifically devoted to the rehabilitation of impaired health care professionals** to identify and assist impaired registered nurses and licensed practical nurses.

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(2) Accept and designate grants, public and private financial assistance, and licensure fees to fund programs under subdivision (1) to assist impaired registered nurses and licensed practical nurses.

(d) Except as provided in subsection (f), all:

(1) information furnished to a nonprofit professional association, ~~or~~ foundation, **or other entity specifically devoted to the rehabilitation of impaired health care professionals**, including interviews, reports, statements, and memoranda; and

(2) findings, conclusions, or recommendations that result from a proceeding of the professional association, ~~or~~ foundation, **or other entity specifically devoted to the rehabilitation of impaired health care professionals**;

are privileged and confidential.

(e) The records of a proceeding under subsection (d) may be used only in the exercise of proper functions of the board, and may not become public records or subject to a subpoena or discovery proceeding.

(f) Information received by the board from the board designated rehabilitation program for noncompliance by the registered nurse or licensed practical nurse may be used by the board in any disciplinary or criminal proceedings instituted against the impaired registered nurse or licensed practical nurse.

(g) The board designated rehabilitation program shall:

(1) immediately report to the board the name and results of any contact or investigation concerning an impaired registered nurse or licensed practical nurse who the program believes constitutes a certain, immediate, and impending danger to either the public or the impaired registered nurse or licensed practical nurse; and  
(2) in a timely fashion report to the board an impaired registered nurse or licensed practical nurse:

(A) who refuses to cooperate with the program;

(B) who refuses to submit to treatment; or

(C) whose impairment is not substantially or significantly alleviated through treatment, as determined by accepted medical standards.

SECTION 11. IC 25-23-1-34 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2002]: Sec. 34. (a) The impaired nurses account is established within the state general fund for the purpose of providing money for providing rehabilitation of impaired registered nurses or licensed practical nurses under this article. The account shall be administered by the health professions bureau.

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(b) Expenses of administering the account shall be paid from money in the account. The account consists of the **following**:

- (1) ~~additional fee~~ Funds collected for the rehabilitation of impaired registered nurses and impaired licensed practical nurses** under section 16.1(d) of this chapter.
- (2) Funds collected under section 31(c)(2) of this chapter.**
- (3) Funds collected for the rehabilitation of impaired registered nurses and impaired licensed practical nurses under IC 25-23.2-3-5.**
- (4) Fines collected from registered nurses or licensed practical nurses under IC 25-1-9-9(a)(6).**

(c) The treasurer of state shall invest the money in the account not currently needed to meet the obligations of the account in the same manner as other public money may be invested.

(d) Money in the account is appropriated to the board for the purpose stated in subsection (a).

SECTION 12. IC 25-23.2 IS ADDED TO THE INDIANA CODE AS A NEW ARTICLE TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2002]:

**ARTICLE 23.2. INTERSTATE NURSE LICENSURE COMPACT**

**Chapter 1. Definitions**

**Sec. 0.5.** It is the purpose of this compact to allow qualified nurses who are licensed in a compact state to practice nursing in another compact state and to reduce redundant licensing requirements of nurses who practice in multiple states.

**Sec. 1.** The definitions in this chapter apply throughout this article.

**Sec. 2.** "Adverse action" means a home or remote state action.

**Sec. 3.** "Alternative program" means a voluntary, nondisciplinary monitoring program approved by a nurse licensing board.

**Sec. 4.** "Coordinated licensure information system" means an integrated process for collecting, storing, and sharing information on nurse licensure and enforcement activities related to nurse licensure laws, which is administered by a nonprofit organization composed of and controlled by state nurse licensing boards.

**Sec. 5.** "Current significant investigative information" means:

- (1) investigative information that a licensing board, after a preliminary inquiry that includes notification and an opportunity for the nurse to respond if required by state law, has reason to believe is not groundless and, if proved true,**



would indicate more than a minor infraction; or  
 (2) investigative information that indicates that the nurse represents an immediate threat to public health and safety regardless of whether the nurse has been notified and had an opportunity to respond.

**Sec. 6. "Home state"** means the party state that is the nurse's primary state of residence.

**Sec. 7. "Home state action"** means any administrative, civil, equitable, or criminal action permitted by the home state's laws that are imposed on a nurse by the home state's licensing board or other authority, including an action against an individual's license such as revocation, suspension, probation, or any other action that affects a nurse's authorization to practice.

**Sec. 8. "Licensing board"** means a party state's regulatory body responsible for issuing nurse licenses.

**Sec. 9. "Multistate licensure privilege"** means current, official authority from a remote state permitting the practice of nursing as either a registered nurse or a licensed practical/vocational nurse in that party state. All party states have the authority, in accordance with state due process law, to take actions against the nurse's privilege such as revocation, suspension, probation, or any other action that affects a nurse's authorization to practice.

**Sec. 10. "Nurse"** means a registered nurse or licensed practical/vocational nurse as defined by the state practice laws of each party state.

**Sec. 11. "Party state"** means any state that has adopted this compact.

**Sec. 12. "Remote state"** means a party state, other than the home state:

- (1) where the patient is located at the time nursing care is provided; or
- (2) in the case of the practice of nursing not involving a patient, in a party state where the recipient of nursing practice is located.

**Sec. 13. "Remote state action"** means:

- (1) any administrative, civil, equitable, or criminal action permitted by a remote state's laws that are imposed on a nurse by the remote state's licensing board or other authority, including actions against an individual's multistate licensure privilege to practice in the remote state; and
- (2) cease and desist and other injunctive or equitable orders issued by remote states or the licensing boards of remote

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states.

**Sec. 14. "State"** means a state, territory, or possession of the United States, the District of Columbia, or the Commonwealth of Puerto Rico.

**Sec. 15. "State practice laws"** means the individual party state's laws and rules that govern the practice of nursing, define the scope of nursing practice, and create the methods and grounds for imposing discipline. The term does not include the initial qualifications for licensure or requirements necessary to obtain and retain a license, except for qualifications or requirements of the home state.

#### **Chapter 2. General Provisions and Jurisdiction**

**Sec. 1.** A license to practice registered nursing issued by a home state to a resident in that state shall be recognized by each party state as authorizing a multistate licensure privilege to practice as a registered nurse in the party state. A license to practice licensed practical/vocational nursing issued by a home state to a resident in that state shall be recognized by each party state as authorizing a multistate licensure privilege to practice as a licensed practical/vocational nurse in the party state. To obtain or retain a license, an applicant must meet the home state's qualifications for licensure and license renewal and all other applicable state laws.

**Sec. 2.** Party states may, in accordance with state due process laws, limit or revoke the multistate licensure privilege of any nurse to practice in their state and may take any other actions under their applicable state laws necessary to protect the health and safety of their citizens. If a party state takes such an action, it shall promptly notify the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the home state of any such actions by remote states.

**Sec. 3.** A nurse practicing in a party state must comply with the state practice laws of the state in which the patient is located at the time care is rendered. In addition, the practice of nursing is not limited to patient care, but includes all nursing practice as defined in IC 25-23-1. The practice of nursing subjects a nurse to the jurisdiction of the nurse licensing board, the courts, and the laws in that party state.

**Sec. 4.** This compact does not affect additional requirements imposed by states for advanced practice registered nursing. However, a multistate licensure privilege to practice registered nursing granted by a party state shall be recognized by other party

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states as a license to practice registered nursing if a license is required by state law as a precondition for qualifying for advanced practice registered nurse authorization.

**Sec. 5.** Individuals not residing in a party state continue to be able to apply for nurse licensure as provided for under the laws of each party state. However, the license granted to these individuals is not recognized as granting the privilege to practice nursing in any other party state unless explicitly agreed to by that party state.

### **Chapter 3. Applications for Licensure in a Party State**

**Sec. 1.** Upon application for a license, the licensing board in a party state shall ascertain, through the coordinated licensure information system, whether the applicant has ever held, or is the holder of, a license issued by any other party state, whether there are any restrictions on the multistate licensure privilege, and whether any other adverse action by any state has been taken against the license.

**Sec. 2.** A nurse in a party state may hold licensure in only one (1) party state at a time, issued by the home state.

**Sec. 3.** A nurse who intends to change primary state of residence may apply for licensure in the new home state before the change. However, a new license may not be issued by a party state until a nurse provides evidence of change in primary state of residence satisfactory to the new home state's licensing board.

**Sec. 4. (a)** If a nurse changes primary state of residence by moving between two (2) party states, and obtains a license from the new home state, the license from the former home state is no longer valid.

**(b)** If a nurse changes primary state of residence by moving from a nonparty state to a party state, and obtains a license from the new home state, the individual state license issued by the nonparty state is not affected and remains in force if provided by the laws of the nonparty state.

**(c)** If a nurse changes primary state of residence by moving from a party state to a nonparty state, the license issued by the prior home state converts to an individual state license, valid only in the former home state, without the multistate licensure privilege to practice in other party states.

**Sec. 5. (a)** A nurse who is licensed in a party state and who obtains employment as a nurse in Indiana shall file a multistate licensure privilege form with the health professions bureau and pay the fee established by the board. Before commencing employment the nurse shall obtain approval from the board.



(b) Each registered nurse and each licensed practical nurse who holds a multistate licensure privilege in Indiana shall notify the board of a change of address within thirty (30) days after the change.

(c) Notification of multistate licensure privilege as a registered nurse expires on October 31 in each odd-numbered year. Failure to update the notification of multistate licensure privilege on or before the expiration date automatically renders the multistate licensure privilege invalid without any action by the board.

(d) Notification of multistate licensure privilege to practice as a licensed practical nurse expires October 31 in each even-numbered year. Failure to update the notification of multistate licensure privilege on or before the expiration date automatically renders the multistate licensure privilege invalid without any action by the board.

(e) Multistate licensure privileges invalidated under this section may not be reinstated.

(f) A nurse whose privileges have been invalidated under this section may obtain new multistate licensure privileges by complying with subsection (a).

(g) The procedures and fee for updating the multistate licensure privilege shall be set by the board.

(h) At the time of updating the notification of multistate licensure privilege, each registered nurse and each licensed practical nurse shall pay the fee for updating the multistate licensure privilege.

(i) Sixteen percent (16%) of the amount of fees collected under this section shall be deposited in the impaired nurses account of the state general fund established by IC 25-23-1-34.

#### **Chapter 4. Adverse Actions**

**Sec. 1.** This chapter applies in addition to IC 25-23.2-2.

**Sec. 2.** The licensing board of a remote state shall promptly report to the administrator of the coordinated licensure information system any remote state actions, including the factual and legal basis for such action if known. The licensing board of a remote state shall promptly report any significant current investigative information yet to result in a remote state action. The administrator of the coordinated licensure information system shall promptly notify the home state of any such reports.

**Sec. 3.** The licensing board of a party state has authority to complete any pending investigations for a nurse who changes primary state of residence during the course of such investigations.



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The licensing board also has authority to take appropriate action and shall promptly report the conclusions of such investigations to the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the new home state of any such actions.

Sec. 4. A remote state may take adverse action affecting the multistate licensure privilege to practice within that party state. However, only the home state has authority to impose adverse action against the license issued by the home state.

Sec. 5. For purposes of imposing adverse action, the licensing board of the home state shall give the same priority and effect to reported conduct received from a remote state as it would if such conduct had occurred within the home state. In so doing, it shall apply its own state laws to determine appropriate action.

Sec. 6. The home state may take adverse action based on the factual findings of the remote state, so long as each state follows its own procedures for imposing such adverse action.

Sec. 7. Nothing in this compact overrides a party state's decision that participation in an alternative program may be used instead of licensure action and that such participation shall remain nonpublic if required by the party state's laws. Party states must require nurses who enter any alternative programs to agree not to practice in any other party state during the term of the alternative program without prior authorization from the other party state.

#### **Chapter 5. Additional Authority Invested in Party State Nurse Licensing Boards**

Sec. 1. Notwithstanding any other powers, party state nurse licensing boards may:

- (1) if otherwise permitted by state law, recover from the affected nurse the costs of investigations and disposition of cases resulting from any adverse action taken against that nurse;
- (2) issue subpoenas for both hearings and investigations that require the attendance and testimony of witnesses and the production of evidence. Subpoenas issued by a nurse licensing board in a party state for the attendance and testimony of witnesses and the production of evidence from another party state shall be enforced in the latter state by any court with jurisdiction, according to the practice and procedure of that court applicable to subpoenas issued in proceedings pending before it. The issuing authority shall pay any witness fees, travel expenses, mileage, and other fees consistent with

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Indiana law;

(3) issue cease and desist orders to limit or revoke a nurse's authority to practice in their state; and

(4) adopt uniform rules as provided for in IC 25-23.2-7-3.

#### **Chapter 6. Coordinated Licensure Information System**

**Sec. 1.** All party states shall participate in a cooperative effort to create a coordinated data base of all licensed registered nurses and licensed practical/vocational nurses. This system includes information on the licensure and disciplinary history of each nurse, as contributed by party states, to assist in the coordination of nurse licensure and enforcement efforts.

**Sec. 2.** Notwithstanding any other law, all party states' licensing boards shall promptly report adverse actions, actions against multistate licensure privileges, any current significant investigative information yet to result in adverse action, denials of applications, and the reasons for such denials to the coordinated licensure information system.

**Sec. 3.** Current significant investigative information shall be transmitted through the coordinated licensure information system only to party state licensing boards.

**Sec. 4.** Notwithstanding any other law, all party states' licensing boards contributing information to the coordinated licensure information system may designate information that may not be shared with nonparty states or disclosed to other entities or individuals without the express permission of the contributing state.

**Sec. 5.** Any personally identifiable information obtained by a party state's licensing board from the coordinated licensure information system may not be shared with nonparty states or disclosed to other entities or individuals except to the extent permitted by the laws of the party state contributing the information.

**Sec. 6.** Any information contributed to the coordinated licensure information system that is subsequently required to be expunged by the laws of the party state contributing that information shall also be expunged from the coordinated licensure information system.

**Sec. 7.** The compact administrators, acting jointly and in consultation with the administrator of the coordinated licensure information system, shall formulate necessary and proper procedures for the identification, collection, and exchange of information under this compact.



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## **Chapter 7. Compact Administration and Interchange of Information**

**Sec. 1.** The executive director of the health professions bureau of each party state, or that person's designee, shall be the administrator of this compact for that person's state.

**Sec. 2.** The compact administrator of each party state shall furnish to the compact administrator of each other party state any information and documents, including, but not limited to, a uniform data set of investigations, identifying information, licensure data, and disclosable alternative program participation information, to facilitate the administration of this compact.

**Sec. 3.** Compact administrators may develop uniform rules to facilitate and coordinate implementation of this compact. These uniform rules shall be adopted by party states under IC 25-23.2-5.

## **Chapter 8. Immunity**

**Sec. 1.** Neither a party state nor an officer, employee, or agent of a party state's nurse licensing board who acts in accordance with this compact is liable on account of any act or omission in good faith while engaged in the performance of duties under this compact. Good faith in this article does not include willful misconduct, gross negligence, or recklessness.

## **Chapter 9. Entry Into Force, Withdrawal, and Amendment**

**Sec. 1.** This compact becomes effective as to any state when it has been enacted into the laws of that state. Any party state may withdraw from this compact.

**Sec. 2.** No withdrawal affects the validity or applicability by the licensing boards of states remaining party to the compact of any report of adverse action occurring before the withdrawal.

**Sec. 3.** This compact shall not be construed to invalidate or prevent any nurse licensure agreement or other cooperative arrangement between a party state and a nonparty state that is made in accordance with this compact.

**Sec. 4.** This compact may be amended by the party states. No amendment to this compact becomes effective and binding upon the party states unless and until it is enacted into the laws of all party states.

## **Chapter 10. Construction and Severability**

**Sec. 1.** This compact shall be liberally construed to effectuate its purposes. The provisions of this compact are severable and if any phrase, clause, sentence, or provision of this compact is declared to be contrary to the constitution of any party state or of the United States or if the applicability of this compact to any government,

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agency, person, or circumstance is held invalid, the validity of the remainder of this compact and the applicability of this compact to any government, agency, person, or circumstance is not affected thereby. If this compact is held contrary to the constitution of any state party thereto, the compact remains in full force and effect as to the remaining party states and in full force and effect as to the party state affected as to a severable matter.

**Sec. 2. If party states find a need for settling disputes arising under this compact:**

- (1) the party states may submit the issues in dispute to an arbitration panel comprised of an individual appointed by the compact administrator in the home state, an individual appointed by the compact administrator in each remote state involved, and an individual mutually agreed upon by the compact administrators of all the party states involved in the dispute; and
- (2) the decision of a majority of the arbitrators is final and binding.

**Sec. 3. This article expires July 1, 2006.**

**SECTION 13. [EFFECTIVE JULY 1, 2002] (a) Notwithstanding IC 25-23.2, as added by this act, the provisions of IC 25-23.2 may not be implemented until July 1, 2003.**

**(b) Before July 1, 2003, the state board of nursing shall adopt rules under IC 4-22-2 to administer IC 25-23.2, as added by this act.**

**(c) This SECTION expires July 1, 2003.**

**SECTION 14. [EFFECTIVE JULY 1, 2002] (a) Notwithstanding IC 25-23.2-3-5, as added by this act, the health professions bureau shall charge a fee of at least ten dollars (\$10) to a nurse who files a multistate licensure privilege form upon obtaining employment as a nurse in Indiana.**

**(b) This SECTION expires December 1, 2002.**

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Speaker of the House of Representatives

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President of the Senate

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President Pro Tempore

Approved: \_\_\_\_\_

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Governor of the State of Indiana

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